

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2012
FORM APPROVED
OMB NO. 0938-0391

45th 6/25/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2012
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, OAK RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 300 LABORATORY RD OAK RIDGE, TN 37831		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to update the Care Plan to reflect a skin tear for one resident of four residents (#90) of thirty-five residents included in the Stage 2 review.</p> <p>The findings included:</p> <p>Resident #90 was admitted to the facility on July 5, 2010, with diagnoses including Dementia, Diabetes Mellitus, Anemia, and Chronic Kidney Disease.</p>	F 279	<p>1. The care plan for resident #90 has been updated with the skin tear order.</p> <p>2. The care plan for each resident will be updated if applicable at the time an order is written.</p> <p>3. Each month when physicians plans of care are reviewed for the next month, the care plan will be reviewed to ensure its accuracy.</p> <p>4. The DON and ADON will re- view all orders written and monitor that the care plan has been updated. This will be done on a daily basis. All licensed nursing staff was in- serviced on the importance of care planning all applicable orders</p>	5-22-12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ray Muel

5-22-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	Continued From page 1 Observation on May 9, 2012, at 1:30 p.m., revealed the resident sitting in a wheelchair with a dressing to the right upper arm. Continued interview at this time with the resident revealed the resident had hit the upper arm while self ambulating in the facility. Medical record review of a Physician Order dated May 3, 2012, revealed "...0. (telephone order) clean skin tear to R (right) arm with sterile water..." Continued medical record review of the Plan of Care last updated April 24, 2012, revealed no documentation of the skin tear. Interview and medical record review with Charge Nurse #1 on May 10, 2012, at 4:02 p.m., confirmed the Plan of Care did not address the Resident's skin tear.	F 279			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to prepare and distribute food under sanitary conditions in the kitchen and in two of	F 371	1. The nursing secretary was counseled on the importance of pulling her hair back and securing it when passing the beverage cart in the main dining room. She will wash her hands with soap and water before beginning to serve and will carry hand sanitizer in her pocket to be used between patints. 2. The nursing secretary only serves beverages in the main dining room. 3. The nursing secretary serves at the noon meal only. The DON or ADON		

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F 371	<p>Continued From page 2</p> <p>three dining rooms and failed to maintain drip pans in the stove.</p> <p>The findings included:</p> <p>Observation on May 7, 2012, at 8:30 a.m., in the kitchen, revealed the Dietary Manager, with a short black hat covering the head but not containing the hair.</p> <p>Interview with the Dietary Manager, on May 7, 2012, at 9:30 a.m., in the hallway, confirmed the hat was not worn in a manner that contained the hair.</p> <p>Observation on May 7, 2012, at 12:10 p.m., in the main dining room, revealed the Nursing Secretary with no hat or net containing mid-back length hair, passing beverages from a wheeled cart, and touching residents and hair without sanitizing the hands. Continued observation revealed the beverage cart had no containers for the ice scoop and ice tongs.</p> <p>Interview with the Nursing Secretary on May 7, 2012, at 12:15 p.m., in the main dining room, confirmed the hands had not been washed or sanitized, the hair was not contained, and there were no containers on the beverage cart for the ice tongs and scoop.</p> <p>Observation on May 7, 2012, at 12:15 p.m., in the 100 Hall dining room, revealed the server at the tray line picking up sandwich buns and placing them on individual serving plates with ungloved hands.</p> <p>Interview with the server on May 7, 2012, at 12:20</p>	F 371	<p>will monitor daily that hair is secured and hand sanitizer is used.</p> <p>4. At each noon meal all department and department heads help serve in the main dining room. They along with DON and ADON will monitor the nursing department for compliance.</p> <p>5-22-12</p> <p>1. Inservice held 5-25-12 for dietary employees related to proper fit of authorized head covers, food handling procedures, use of container for scoop and tongs on beverage cart and cleaning of drip trays on stove.</p> <p>2. No other related issues were identified.</p> <p>3. Through our Quality Assurance program, proper fit of authorized head covers, food handling procedures, use of containers for scoop and tongs on beverage carts and cleaning of drip trays will be monitored for 30 days. Changes in procedures will be made based on analysis of</p> <p>5-25-12</p>		

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F 371	Continued From page 3 p.m., in the 100 Hall dining room, confirmed the sandwich buns were served with ungloved hands. Observation and interview with the Dietary Manager, in the kitchen, on May 10, 2012, at 2:00 p.m., revealed the two drip trays in the stove with brown and burnt debris covering both trays. Interview with the Dietary Manager at the same time confirmed the trays were not clean.	F 371	4. QA results. Registered Dietitian and Dietary supervisors will monitor the deficient practices on a daily basis.		

Ky hussell 5-22-12